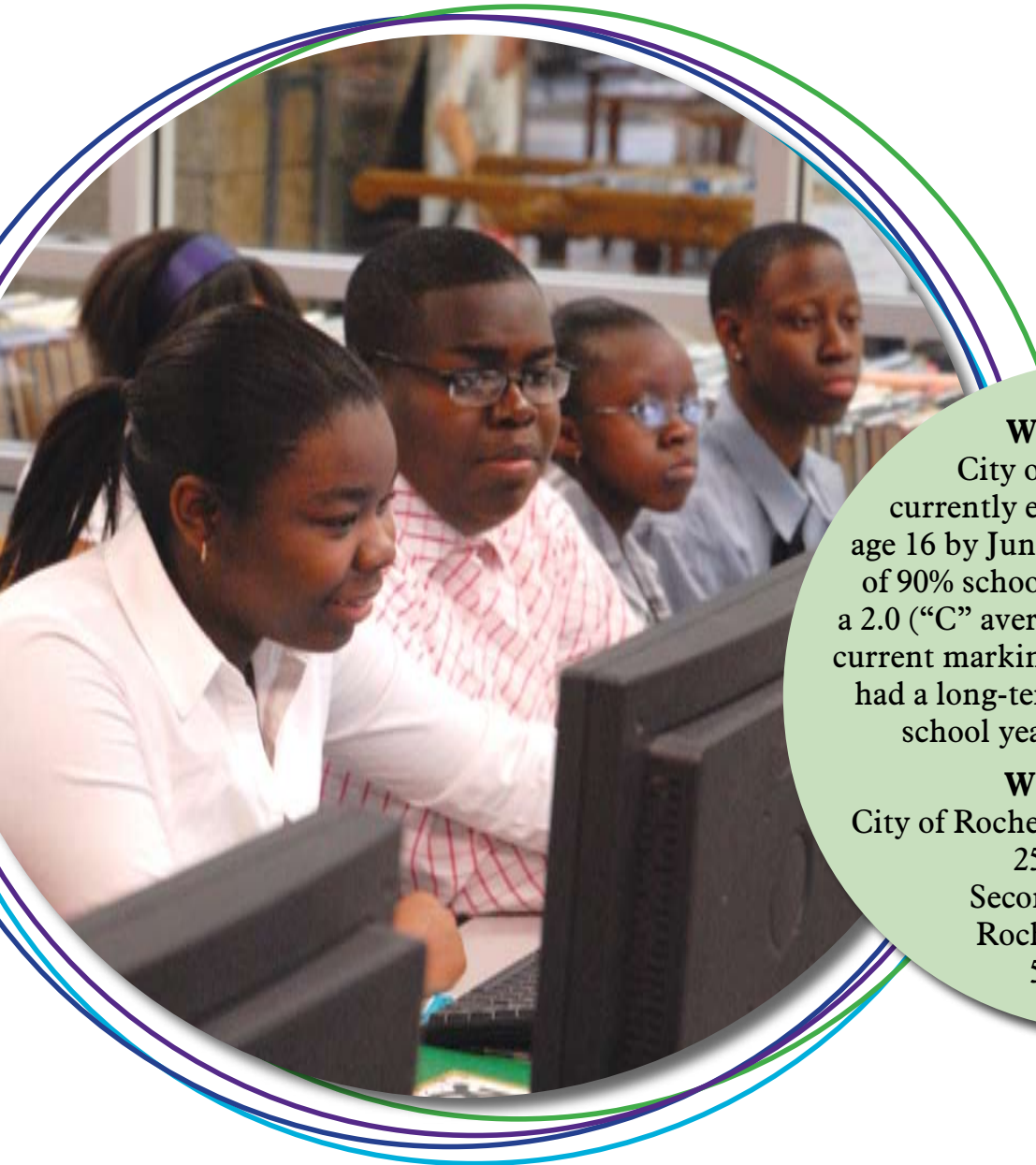


Youth Training Academy Program

Youth Training Academy is a job preparation program for students age 16 by June 1, that provides office training and opportunities for paid internships that expose them to the real world of work.



Who is eligible?

City of Rochester youth currently enrolled in high school, age 16 by June 1, who have a minimum of 90% school attendance for the year, a 2.0 ("C" average) or higher GPA for the current marking period and who have not had a long-term suspension during the school year are eligible to apply.

Where to apply?

City of Rochester Youth Service Center
25 Franklin St.,
Second floor, Suite B5
Rochester, NY 14604
585-428-6342

PERSONAL INFORMATION

Please print in ink.

Name: _____
LAST FIRST MIDDLE

Demographic Information (Please check the appropriate description)

SEX: ☐ MALE ☐ FEMALE

ARE YOU HISPANIC? ☐ YES ☐ NO

RACE: ☐ CAUCASIAN (WHITE) ☐ BLACK ☐ ASIAN

☐ NATIVE HAWAIIAN/PACIFIC ISLANDER ☐ NATIVE AMERICAN OR ALASKAN NATIVE

ADDRESS _____
HOUSE# STREET CITY STATE ZIP

TELEPHONE# () _____ ALT/MSG# () _____

EMERGENCY CONTACT: _____ EMAIL ADDRESS: _____

DATE OF BIRTH _____ SOCIAL SECURITY# _____
MONTH DAY YEAR

SCHOOL YOU ARE CURRENTLY ATTENDING _____ CURRENT GRADE _____
ATTACH A COPY OF MOST RECENT REPORT CARD

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ NO ☐ YES

IF YES, EXPLAIN _____

DO YOU HAVE ANY CERTIFICATIONS/LICENSE/PERMITS? ☐ NO ☐ YES

WORK HISTORY OR VOLUNTEER EXPERIENCE

NAME OF WORK PLACE _____ SUPERVISOR _____

ADDRESS _____ DATES: FROM _____ TO _____

JOB TITLE _____ DUTIES _____

☐ VOLUNTEER ☐ PAID

ATTACH ADDITIONAL WORK HISTORY OR VOLUNTEER EXPERIENCE IF NEEDED

INTEREST/ SKILLS/ ABILITIES

LIST ANY SPECIAL SKILLS OR SPECIAL INTERESTS: _____

LIST ANY CLUBS, SPORTS OR ACTIVITIES IN WHICH YOU ARE INVOLVED: _____

LIST ANY AWARDS YOU HAVE RECEIVED IN THE PAST TWO YEARS: _____

ESSAY: WHY SHOULD YOU BE CHOSEN FOR THIS PROGRAM? _____

AUTHORIZATION

SCHOOL ADMINISTRATOR:

This student has at least 90% attendance and no long-term suspensions (5 days or more) this school year plus has a "C" average or better for the current marking period.

Name/Signature

Title

Phone#

Date

PERMISSION SLIP

I, _____ hereby give permission for the Youth Training Academy Program to record the image and/or voice of my child, _____ for brochures, websites or promotional materials.

I understand that I will not be inform or reimbursed for such photographs or videos.

Parent/Guardian Signature

Date

BEFORE TURNING IN YOUR APPLICATION BE SURE:

- ☐ IT IS FILLED OUT IN **INK**
- ☐ IT IS **SIGNED** BY: ☐ YOU ☐ PARENT OR GUARDIAN ☐ SCHOOL ADMINISTRATOR
- ☐ A COPY OF THE MOST RECENT **REPORT CARD** IS ATTACHED
- ☐ **RESUME** (IF YOU HAVE ONE) IS ATTACHED

After you turn in your application, it will be checked and then you will get a letter telling you the next steps. If you move or your telephone number changes, be sure you let the office know. If you have questions, call us at 428-6342.

OFFICE USE ONLY

Date Received _____ Staff Initials _____

Application approved: ☐ Yes ☐ No

If no, reason: ☐ GPA ☐ Attendance ☐ Long Term Suspension

Other _____